UNITED STATES DISTRICT COURT

for the

Central District of California

_____ Division

Leonard Johnson
1507 4th Ave, #6
Oakland, CA 94606

Plaintiff(s)
(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

H. Martinez, Warden, Pleasant Valley State Prison, California Department of Corrections and Rehabilitation

Defendant(s)
(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No. 1:25-CV-00850-HBK (PC)
(to be filled in by the Clerk's Office)

Jury Trial: *(check one)* ☑ Yes ☐ No

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(Non-Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Leonard Johnson
Address	1507 4th Ave.#6
	Oakland (*City*) / CA (*State*) / 94606 (*Zip Code*)
County	Alameda
Telephone Number	(510) 978-2018
E-Mail Address	

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	H. Martinez
Job or Title *(if known)*	Warden, Pleasant Valley State Prison
Address	24863 W. Jayne Ave.
	Coalinga (*City*) / CA (*State*) / 93210 (*Zip Code*)
County	Fresno
Telephone Number	(559) 935-4900
E-Mail Address *(if known)*	

☑ Individual capacity ☐ Official capacity

Defendant No. 2

Name	Matthew Cate
Job or Title *(if known)*	Secretary, CDCR
Address	1515 S. Street
	Scaramento (*City*) / CA (*State*) / 94511 (*Zip Code*)
County	Sacramento
Telephone Number	(916) 324-7308
E-Mail Address *(if known)*	

☐ Individual capacity ☐ Official capacity

Defendant No. 3

Name: S. Lonigro

Job or Title *(if known)*: Chief Medical Officer, Pleasant Valley State Prison

Address: 24863 W. Jayne Avenue

Coalinga (*City*) | CA (*State*) | 93210 (*Zip Code*)

County: Fresno

Telephone Number: (559) 935-4900

E-Mail Address *(if known)*:

☐ Individual capacity ☐ Official capacity

Defendant No. 4

Name:

Job or Title *(if known)*:

Address:

City | *State* | *Zip Code*

County:

Telephone Number:

E-Mail Address *(if known)*:

☐ Individual capacity ☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics, 403 U.S. 388 (1971)*, you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against *(check all that apply)*:

☐ Federal officials (a *Bivens* claim)

☑ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

8th Amendment deprivation, based upon prison officials failure to protect inmate from "environmental-hazard," "deliberate-indifference," to serious medical need, Equal Protection under the 14th Amendment, based upon "pairity of medical," and not disprorportinate treatment of inmates based upon race, and/or national origin,

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. Where did the events giving rise to your claim(s) occur?

In Pleasant Valley State Prison, at the time of his incarceration at the facility

B. What date and approximate time did the events giving rise to your claim(s) occur?

The initial exposure of plaintiff to valley occurred in 2011: however, due to the gravity and aggressive nature of the disease, plaintiff has contracted said disease several times, and most recently had surgery as a result of disseminated valley fever. This re-occurence of the disease forms the basis of the new claim

C. What are the facts underlying your claim(s)? *(For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)*

As a result of CDCR having a "Pattern and practice," of "deliberately-exposing 'African-American inmates,'" to valley fever, and its devastating effects; has placed plaintiff in "emminent harm of exposure and/or death, from valley fever, and its collateral effects. The aforementioned defendants were aware of the inherent risks to African-American inmates prior to their transfer/intake; yet failed to protect them; and were "deliberately-indifferent" to their exposure, medical complications, and permanent, life-threatening dangers.

IV. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

The injuries resulting form the deliberate exposure, has resulted in several internal medical appoints, permanent administration of fluconazole (Diflucan) to "treat" said disease, plaintiff has nerve damage, deterioation of muscoskeletal body mass. Most recently, evasive surgery as a result of the disease in question, and permanent disability

V. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Plaintiff seeks to sue the aforementioned defendants in their individual and official capacity, to have compensatory damages,and punitive damages, in accordance to the jury award and/or determined by the court, and any equitable relief to be determined by the court.

VI. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case–related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 07/09/2025

Signature of Plaintiff Leonard Johnson

Printed Name of Plaintiff Leonard Johnson

B. For Attorneys

Date of signing: _____

Signature of Attorney _____

Printed Name of Attorney _____

Bar Number _____

Name of Law Firm _____

Address _____

_____ _____ _____

City *State* *Zip Code*

Telephone Number _____

E-mail Address _____

ALAMEDA HEALTH SYSTEM

Johnson, Leonard J
MRN: 5289567, DOB: 3/31/1959, Legal Sex: M
Adm: 2/20/2025, D/C: 2/26/2025

02/20/2025 - ED to Hosp-Admission (Discharged) in San Leandro Hospital 3MS

Reason for Visit

Chief complaint: Hyperglycemia

Visit diagnoses:
- Abscess of scrotum (primary)
- Hyperglycemia due to diabetes mellitus
- AKI (acute kidney injury)

Hospital problems:
- **Abscess of scrotum (primary)**
- AKI (acute kidney injury)
- High blood pressure
- Low sodium levels
- Pain in scrotum
- Uncontrolled type 2 diabetes mellitus with hyperglycemia

Visit Information

Admission Information

Arrival Date/Time:	02/20/2025 1407	Admit Date/Time:	02/20/2025 1445	IP Adm. Date/Time:	02/20/2025 1826
Admission Type:	Emergency	Point of Origin:	Home/non-healthcare Facility	Admit Category:	
Means of Arrival:	Car	Primary Service:	Medicine	Secondary Service:	N/A
Transfer Source:		Service Area:	ALAMEDA HEALTH SYSTEM	Unit:	San Leandro Hospital 3MS
Admit Provider:	Raikanti, Anupama T., MD	Attending Provider:	Outhay, Malena, MD	Referring Provider:	

ED Disposition

ED Disposition	Condition	User	Date/Time	Comment
Admit	--	Raikanti, Anupama T., MD	Thu Feb 20, 2025 6:26 PM	Level of Care: Acute [1] Inpatient-only procedure:: No Diagnosis: Scrotal abscess [327745] Admitting Physician: RAIKANTI, ANUPAMA T. [459] Attending Physician: RAIKANTI, ANUPAMA T. [459] Provider Care Team: SLH IP TEAM A [3040000054] Bed request comments: med surg Anticipated Disposition: Home Telemetry required: No

Discharge Information

Date/Time: 02/26/2025 1323	Disposition: Home/assisted Living/group Home/board And Care	Destination: Home
Provider: Raikanti, Anupama T., MD	Unit: San Leandro Hospital 3MS	

Follow-up Information

Follow up With	Specialties	Details	Why	Contact Info
Clinic, Osita Health		Go on 3/5/2025	OFFICE VISIT on Wednesday, 3/5/25@11:15 am with Rosemary Tarampi,NP. Please arrive by 11:00 am for registration.	2521 Seminary Ave, Ste 1 Oakland CA 94605 510-777-1000
Inpatient Order for Follow-up with primary physician (PCP) - Alameda Health System will contact patient with date and time				

02/20/2025 - ED to Hosp-Admission (Discharged) in San Leandro Hospital 3MS (continued)

Visit Information (continued)

Clinic, Davis Street Primary Care	General Practice	3081 TEGARDEN STREET San Leandro CA 94577 510-347-4620
No, Pcp	General Practice	*** NO ADDRESS FOUND ***

Level of Service

Level of Service
PR EMERGENCY DEPARTMENT VISIT HIGH MDM

02/20/2025 - ED to Hosp-Admission (Discharged) in San Leandro Hospital 3MS (continued)

Infection Status as of 2/26/2025

Infection	Onset	Added	Added By
MRSA	02/20/25	02/24/25 1147	Result: Wound culture [93071175]

Patient as-of Visit

Problem List as of 2/26/2025

Problem	Noted On	Resolved On
AKI (acute kidney injury) (CMS/HCC)	02/20/2025	02/26/2025
Essential hypertension	07/15/2013	—
Hyponatremia	02/20/2025	02/26/2025
Scrotal abscess	02/20/2025	—
Scrotum pain	06/01/2021	02/26/2025
Uncontrolled type 2 diabetes mellitus with hyperglycemia (CMS/HCC)	10/24/2019	—

ED Notes

ED Notes by Rogers, Leslie, RN at 2/20/2025 2028

ED RN Handoff Note

Pertinent Handoff Info:

Lantus pen sent with patient

Chief Complaint:
Chief Complaint
Patient presents with
- Hyperglycemia
  Sent here by Dr's office, triage FS 485 mg/dl

Diagnosis:

		ICD-10-CM	ICD-9-CM
1.	**Scrotal abscess**	**N49.2**	**608.4**
2.	Hyperglycemia due to diabetes mellitus (CMS/HCC)	E11.65	250.02
3.	AKI (acute kidney injury) (CMS/HCC)	N17.9	584.9

Scrotal abscess

Past Medical History:
Past Medical History:

ED Notes (continued)

Diagnosis Date
- Diabetes mellitus (CMS/HCC)

Allergies:
Patient has no known allergies.

Code Status:
Full Code: Full treatment

Fall Risk

Mobility

Morse Fall Risk
History of Falling, Immediate or Within 3 Months: 0
Secondary Diagnosis: 0
Ambulatory Aid: 0
Intravenous Therapy/Heparin Lock: 20
Gait/Transferring: 0
Mental Status: 0
Morse Fall Risk Score: 20

Fall Risk Interventions

Isolation Order (blank if NA):
No active isolations

Legal Status Order:
.

Restraint Orders:
Most Recent Restraint Order (From admission, onward)

None

Restraint Documentation:

Restraint Monitoring (1:1)
Flowsheet Data
No data to display

Level of Care:
Medicine

Telemetry:
No active Telemetry Order

Abnormal Labs (Most Recent):
Abnormal Labs Reviewed
CBC AND DIFFERENTIAL - Abnormal; Notable for the following components:

Result	Value
Hemoglobin	13.8 (*)
Hematocrit	39.9 (*)
Eosinophil Auto %	0.6 (*)
Monocyte #	0.30 (*)

All other components within normal limits

COMPREHENSIVE METABOLIC PANEL - Abnormal; Notable for the following components:

Chloride	94 (*)
Urea Nitrogen (BUN)	40 (*)
Creatinine	1.9 (*)
Glucose	653 (*)
Total Protein	8.9 (*)
eGFR Calculation	39 (*)
Sodium	129 (*)

All other components within normal limits

URINALYSIS REFLEX (ALL CAMPUSES) - Abnormal; Notable for the following components:

Glucose, Urine	>=1000 (*)
Ketone, Urine	TRACE (*)
Specific Gravity, Urine	<=1.005 (*)

All other components within normal limits

BETA HYDROXYBUTYRATE - Abnormal; Notable for the following components:

BETA-HYDROXYBUTYRATE	1.10 (*)

All other components within normal limits

BASIC METABOLIC PANEL - Abnormal; Notable for the following components:

Urea Nitrogen (BUN)	35 (*)
Creatinine	1.5 (*)

ED Notes (continued)

Glucose	308 (*)
eGFR Calculation	51 (*)

All other components within normal limits

HEMOGLOBIN A1C - Abnormal; Notable for the following components:

HEMOGLOBIN A1C	>14.9 (*)

All other components within normal limits

C-REACTIVE PROTEIN - Abnormal; Notable for the following components:

C-REACTIVE PROTEIN	10.6 (*)

All other components within normal limits

Vitals (12 Hours):
ED Vitals from 02/20/25 0826 to 02/20/25 2026

Date/Time	Temp	Pulse	Resp	BP	SpO2	Weight	Who
02/20/25 2000	36.8 °C (98.3 °F)	76	17	137/73	99 %	--	LR
02/20/25 1916	--	--	--	--	--	77.1 kg (170 lb)	RLR
02/20/25 1844	--	86	20	127/82	99 %	--	RLR
02/20/25 1630	--	84	12	146/78	99 %	--	CV
02/20/25 1628	--	87	18	143/79	99 %	--	CV
02/20/25 1605	--	84	18	**163/81** !	100 %	--	CV
02/20/25 1408	37.1 °C (98.8 °F)	99	18	116/78	100 %	--	JRB

ED Pain Assessemnt/Reassessment (most recent)

Vital Signs - 02/20/25 2000

Pain Assessment

Pain Assessment	No/denies pain
Pain Score	0 - No pain

Head to Toe Assessment:

Neurological

Row Name	02/20/25 1745
Neurological	
Neuro (WDL)	X
Level of Consciousness	Alert
Orientation Level	Oriented X4
Cognition	Follows commands
Speech	Clear

Row Name	02/20/25 1745
Glasgow Coma Scale	
Best Eye Response	Spontaneous
Best Verbal Response	Oriented
Best Motor Response	Follows commands
Glasgow Coma Scale Score	15

Respiratory

Row Name	02/20/25 1412
Respiratory	
Respiratory (WDL)	WDL
Respiratory Pertinent Negatives	Respirations regular/unlabored;No cough
Oxygen Therapy	None (Room air)

Row Name	02/20/25 1412
Cough	
Cough Present	No
Mask Applied	Yes

Cardiac/Telemetry

Row Name	02/20/25 1745
Cardiac	
Cardiac (WDL)	X !
Cardiac Regularity	Regular
Chest Pain Present	No

Gastrointestinal

Row Name	02/20/25 1745
Gastrointestinal	
Gastrointestinal (WDL)	X !
Gastrointestinal Pertinent Negatives	Soft/nontender/nondistended;Denies complaints

Genitourinary

Row Name	02/20/25 1745
Genitourinary	
Genitourinary (WDL)	X
Urinary Incontinence	No
Male Genitalia	Swelling scrotum swelling

Musculoskeletal

Row Name	02/20/25 1745
Musculoskeletal	
Musculoskeletal (WDL)	WDL
Musculoskeletal Pertinent Negatives	Moves all extremities

Skin Color/Condition

Row Name	02/20/25 1745
Skin Color/Condition	
Skin Color/Condition (WDL)	X !
Skin Pertinent Negatives	Warm;Dry
Skin Color	Appropriate for ethnicity

Psychosocial

Row Name	02/20/25 1745
Psychosocial	
Psychosocial (WDL)	WDL

ED Notes (continued)

Braden Scale Assessment

Row Name	02/20/25 1745
Braden Scale	
Sensory Perceptions	4
Moisture	4
Activity	4
Mobility	4
Nutrition	4
Friction and Shear	3
Braden Scale Score	23

Current Cardiac Rhythm (Please Choose):
regular rate and rhythm

Current LDA's:
Peripheral IV 02/20/25 Left Antecubital (Active)
02/20/25 1520 Antecubital
Placed by External Staff?:
Hand Hygiene Completed: Yes
IV Change Due:
Size (Gauge): 18 G
Orientation: Left
Location:
Site Prep: Skin prepped with ChloraPrep
Patient Prep:
Local Anesthetic: None
Technique: Anatomical landmarks
Inserted by: ID
Insertion attempts: 1
Patient Tolerance: Tolerated well
Removal Reason :

Medication Administrations:
ED Medication Administration from 02/20/2025 1407 to 02/20/2025 2026

Date/Time	Order	Dose	Route	Action	Action by
02/20/2025	**sodium chloride 0.9 % bolus**	2,000	intraven	New Bag	Vu, C

ED Notes (continued)

Date/Time	Order	Dose	Route	Action	Action by
1529 PST	**2,000 mL**	mL	ous		
02/20/2025	**sodium chloride 0.9 % bolus**	0 mL	intraven	Stopped	Rulloda, R
1629 PST	**2,000 mL**		ous		
02/20/2025	**cefepime (MAXIPIME) IV**	2,000	intraven	Given	Vu, C
1630 PST	**push 2,000 mg**	mg	ous		
02/20/2025	**insulin regular (HumuLIN R)**	5	intraven	Given	Rogers, L
1749 PST	**injection 5 Units**	Units	ous		
02/20/2025	**insulin lispro (Admelog)**	7	subcuta	Given	Rogers, L
2013 PST	**injection 1-11 Units**	Units	neous		
02/20/2025	**sodium chloride flush 10 mL**	10	intraven	Given	Dela Torre, J
2006 PST		mL	ous		
02/20/2025	**Lactated Ringers infusion**	125	intraven	New Bag	Dela Torre, J
2006 PST		mL/hr	ous		
02/20/2025	**insulin glargine (LANTUS)**	10	subcuta	Given	Rogers, L
2014 PST	**injection 10 Units**	Units	neous		
02/20/2025	**HYDROmorphone**	1 mg	intraven	Given	Rulloda, R
1909 PST	**(DILAUDID) injection 1 mg**		ous		
02/20/2025	**vancomycin (VANCOCIN)**	1,500	intraven	New Bag	Rogers, L
2014 PST	**1,500 mg in sodium chloride 0.9% 500 mL IVPB**	mg	ous		

Home Meds:
Home Meds Reviewed and Documented in Epic? Yes

I/O (past 24h)
No intake or output data in the 24 hours ending 02/20/25 2026

Patient Diet:
Adult NPO diet NPO except: Sips with meds

Patient Belongings:
Belongings at Bedside: Clothing; Electronic devices; Other valuables; Jewelry
Jewelry: Ring
Clothing: Pants; Shirt; Socks; Footwear (tank top, hat)
Patient Electronics: Cell phone
Other Valuables: Money (Comment); Keys ($5 x1; $1 x 1)

Belongings Sent Home: None

Belongings Sent to Safe: None

Medications brought by patient?: No

ED Notes (continued)

Last Imaging Impression
CT pelvis wo IV contrast

Result Date: 2/20/2025
Impression Large multiloculated scrotal fluid collection measuring at least 9 cm.

The Nurse Notified of the Hand Off Report:

Erica, Rn

Rogers, Leslie, RN
02/20/25 2028

Electronically signed by Rogers, Leslie, RN at 2/20/2025 8:28 PM

ED Provider Notes by Outhay, Malena, MD at 2/20/2025 1407

Procedure Orders
1. *Incision and Drainage [93080411] ordered by Outhay, Malena, MD

Emergency Department Provider Note: 65 y.o. male
Chief Complaint
Patient presents with
- Hyperglycemia
  Sent here by Dr's office, triage FS 485 mg/dl

Prior medical record, including recent clinic and ED progress notes, if available, was reviewed.
PCP: Center, The West Oakland Health Council - West Oakland Health

HPI: Leonard Jr Johnson is a 65 y.o. male with PMH diabetes, hypertension presenting with hyperglycemia and 1 month of generalized weakness. Patient states that he went to his doctor's office and his blood glucose is 485. He has been feeling weaker and more tired than notable for the past 1-2 months. Has not missed any of his insulin, takes 50 units of Lantus every night. Last p.o. intake was this morning. Has had poor appetite over the past few weeks and lost 18 lb. He also tells me that he has "a mass" at the testicle that is draining fluid. States that he has had this mass for 2 months drain open a few weeks ago. Has had copious amounts of drainage. Also reporting pain at the site. Denies any penile pain or drainage. Denies any fevers or chills. Denies any nausea or vomiting, chest pain, shortness of breath.

PMH:

ED Notes (continued)

Patient Active Problem List
Diagnosis
- Scrotal abscess
- Essential hypertension
- Scrotum pain
- Uncontrolled type 2 diabetes mellitus with hyperglycemia (CMS/HCC)
- Hyponatremia
- AKI (acute kidney injury) (CMS/HCC)

PSH: History reviewed. No pertinent surgical history.
Med: (Not in a hospital admission)

Patient's Medications

New Prescriptions
No medications on file

Previous Medications

GLUCOSE BLOOD TEST STRIP	Use to test blood sugar 1 (one) time each day.
MOXIFLOXACIN (VIGAMOX) 0.5 % OPHTHALMIC SOLUTION	Administer 1 drop into the left eye 4 (four) times a day.

Modified Medications
No medications on file

Discontinued Medications
No medications on file

Allergies: Patient has no known allergies.

FAMHX: No family history on file.

SOCHX: No tobacco. No IVDU. No EtOH use. Unstable housing.

Review of Systems
ROS
No fever
No visual changes
No sore throat
No neck pain
No chest pain
No SOB
No vomiting
No dysuria
No rash
No LOC
No bleeding
(+)all other syst

Nursing notes reviewed.
Triage vitals reviewed:
ED Triage Vitals [02/20/25 1408]

ED Notes (continued)

Temp	Temp Source	Heart Rate	BP	Resp	SpO2	FiO2 (%)
37.1 °C (98.8 °F)	**Oral**	**99**	**116/78**	**18**	**100 %**	**--**

Physical Exam

Exam

GENERAL_APPEARANCE: awake, no acute distress
HENT: atraumatic, hearing intact
EYES: EOMI, pupils equal
NECK: normal ROM, supple
PULMONARY: bilateral breath sounds, normal work of breathing,
CARDIAC: regular rhythm, regular rate, equal radial pulses
ABDOMEN: soft, non tender, no pulsatile masses
GU: At the left inferior portion of the scrotum, there is a approximately 4 mm opening of the skin actively draining creamy white purulent material, tender to touch. No significant erythema or induration.
BACK: no CVA tenderness, no midline tenderness
EXTREMITIES: no deformities, no edema
SKIN: warm, dry, no rashes
NEURO: AAOx3 (self, location, date), CN II-XII intact, strength 5/5 in all four extremities, normal sensation to light touch in all 4 extremities, ambulatory with narrow-based gait

Assessment and Plan/MDM:

In summary, patient is a 65 y.o. male with PMH diabetes, hypertension presenting with hyperglycemia, generalized weakness, and scrotal mass with drainage. Vital signs were initially notable for mild tachycardia. Overall nontoxic appearing. On exam, he does have what appears to be a scrotal abscess that is actively draining pus. I am concerned that this is the source of his persistent hyperglycemia despite on his Lantus. He tells me a mass has been there for 2 months, and intermittently draining. We will plan for CT of the pelvis to further evaluate. At this time overall low suspicion for necrotizing infection such as Fournier's gangrene given the chronicity of his problems and his overall nontoxic appearing. Anticipate Urology consultation, and possible admission.

Problems

Number of problems: two
Chronicity of problem: acute
Severity of illness(es) addressed: moderate
Chronic illness impacting care: Yes
Risk tool utilized (see above): Yes

Data

Reviewed external records: Yes
History obtained from: pt
Diagnostic tests considered, even if not ultimately performed (see above): laboratory testing and imaging studies
Diagnostic tests ordered: Yes

Independent interpretation of studies: no

ED Notes (continued)

Discussion with external physician/provider (Tests): Yes
Discussion with external physician/provider (Management): Yes

Risk

Drugs

OTC drugs ordered? Yes
Prescription drug management? Yes
IV controlled drugs ordered? Yes
Drug therapy requiring intensive monitoring? No

Treatment

Social determinants of health significantly impacting care: Yes
Consideration of admission or escalation of care: Yes
Procedure(s) considered? (see procedures for details): no
Decision not to resuscitate or decision to de-escalate due to poor prognosis? No

Surgery

Emergency major surgery? No
Elective major surgery with no identified risk factors? No
Elective major surgery with identified risk factors? No
Elective minor surgery with no risk factors? No
Elective minor surgery with identified risk factors? No
Identified risk factors: N/A

Differential Diagnosis:

Scrotal abscess
Scrotal cellulitis
Hydrocele
Seroma
Hyperglycemia
DKA
HHS

Data Review:

Labs Reviewed

CBC AND DIFFERENTIAL - Abnormal

Result	Value
WBC	4.7
RBC	4.76
Hemoglobin	13.8 (*)
Hematocrit	39.9 (*)
MCV	83.8
MCH	29.0
MCHC	34.6
RDW	13.2
Platelet Count	328

ED Notes (continued)

Mean Platelet Volume	9.5
Neutrophil Auto %	69.6
Lymphocyte Auto %	23.3
Monocyte Auto %	6.3
Eosinophil Auto %	0.6 (*)
Basophil Auto %	0.2
Neutrophil #	3.29
Lymphocyte #	1.10
Monocyte #	0.30 (*)
Eosinophil #	0.03
basophil #	0.01

COMPREHENSIVE METABOLIC PANEL - Abnormal

Chloride	94 (*)
Carbon Dioxide	23
Urea Nitrogen (BUN)	40 (*)
Creatinine	1.9 (*)
Glucose	653 (*)
Calcium	10.4
AST (SGOT)	13
ALT (SGPT)	18
Alkaline Phosphatase	66
Total Protein	8.9 (*)
Albumin	3.9
Bilirubin, Total	0.5
eGFR Calculation	39 (*)
Sodium	129 (*)
Potassium	4.5
Anion Gap	12
OSMOLALITY, CALCULATED	318

URINALYSIS REFLEX (ALL CAMPUSES) - Abnormal

UA COLOR	YELLOW
UA CLARITY	CLEAR
PH, Urine	6.0
Leukocyte Esterase, Urine	NEGATIVE
Nitrite, Urine	Negative
Protein, Urine	NEGATIVE
Glucose, Urine	>=1000 (*)
Ketone, Urine	TRACE (*)
Urobilinogen, Urine	0.2
Bilirubin, Urine	NEGATIVE
Specific Gravity, Urine	<=1.005 (*)

ED Notes (continued)

Blood, Urine	NEGATIVE

BETA HYDROXYBUTYRATE - Abnormal

BETA-HYDROXYBUTYRATE	1.10 (*)

MAGNESIUM - Normal

MAGNESIUM	2.5

HIV ANTIGEN/ANTIBODY COMBO - Normal

HIV COMBO ANTIGEN/ANTIBODY	Non-reactive

LACTIC ACID, PLASMA, AUTOMATIC REPEAT IF >2.0 - Normal

Lactic Acid (Lactate)	1.3

BLOOD CULTURE
BLOOD CULTURE
CULTURE-WOUND,TISSUE,ABSCESS,ULCER
HIV AB/AG WITH REFLEX TO VIRAL LOAD

Narrative:
The following orders were created for panel order HIV Ab/Ag with reflex to viral load.

Procedure	*Abnormality*	*Status*
HIV ANTIGEN/ANTIBODY COMBO[93064474]	*Normal*	*Final result*
HIV VIRAL LOAD HOLD[93064476]		*In process*

Please view results for these tests on the individual orders.

HIV VIRAL LOAD HOLD
BASIC METABOLIC PANEL

CT pelvis wo IV contrast
Final Result
Large multiloculated scrotal fluid collection measuring at least 9 cm.

***Incision and Drainage**

ED Notes (continued)

Performed by: **Outhay, Malena, MD**
Authorized by: **Outhay, Malena, MD**
Consent:
Consent obtained: **Verbal**
Consent given by: **Patient**
Risks discussed: **Bleeding, incomplete drainage, pain, infection and damage to other organs**
Alternatives discussed: **No treatment and alternative treatment**
Universal protocol:
Patient identity confirmed: **Verbally with patient**
Location:
Type: **Abscess**
Pre-procedure details:
Skin preparation: **Chloraprep**
Anesthesia:
Anesthesia method: **Local infiltration**
Local anesthetic: **Lidocaine 1% w/o epi and lidocaine 1% WITH epi**
Procedure type:
Complexity: **Complex**
Procedure details:
Needle aspiration: **no**
Incision depth: **Dermal**
Wound management: **Probed and deloculated and extensive cleaning**
Drainage: **Purulent**
Drainage amount: **Copious**
Wound treatment: **Wound left open**
Packing materials: **None**
Post-procedure details:
Procedure completion: **Tolerated well, no immediate complications**
Comments:
60ml of thick yellow pus drained

CONDITION: Stable
DISPOSITION: Admit

See directly below for real time result acknowledgements, as well as continued notes by oncoming providers on signed out patients:

ED Course as of 02/20/25 1847

Thu Feb 20, 2025

1443 EKG (my read): Sinus tachycardia, rate of 102, normal axis, normal intervals, no ectopy. No STEMI. [MO]

1659 I spoke to Urology, Dr. Mishra. He will evaluate the patient; he is recommending expansion of the patient's existing defect in the scrotum in order to drain the largest

ED Notes (continued)

loculation of the abscess. He does not believe this patient needs surgery emergently, especially in light of his uncontrolled hyperglycemia. [MO]

1743 **Glucose(!): 376** [MO]

ED Course User Index
[MO] Outhay, Malena, MD

Clinical Impressions as of 02/20/25 1847
Hyperglycemia due to diabetes mellitus (CMS/HCC)
Scrotal abscess
AKI (acute kidney injury) (CMS/HCC)

Malena Outhay, MD

Outhay, Malena, MD
02/20/25 1847

Electronically signed by Outhay, Malena, MD at 2/20/2025 6:47 PM

History and Physical Note

H&P by Raikanti, Anupama T., MD at 2/20/2025 1817

SAN LEANDRO HOSPITAL, AHS

HOSPITALISTS' HISTORY AND PHYSICAL

2/20/2025

PCP: Center, The West Oakland Health Council - West Oakland Health PCP #: 510-835-9610
ADMITTING PHYSICIAN: Anupama T. Raikanti, MD

CONSULTANTS: Dr. Misra, urology; Dr. Eileen Nenniger, Infectious Diseases

-
- **CHIEF COMPLAINT:**

Hyperglycemia (Sent here by Dr's office, triage FS 485 mg/dl)

- **HISTORY OF PRESENT ILLNESS:**

Leonard Jr Johnson is a 65 y.o. male Presented with Hyperglycemia (Sent here by Dr's office, triage FS 485 mg/dl)

As per emergency room note
Leonard Jr Johnson is a 65 y.o. male with PMH diabetes, hypertension presenting with hyperglycemia and 1 month of generalized weakness. Patient states that he went to his doctor's office and his blood glucose is 485. He has been feeling weaker and more tired than notable for the past 1-2 months. Has not missed any of his insulin, takes 50 units of Lantus every night. Last p.o. intake was this morning. Has had poor appetite over the past few weeks and lost 18 lb. He also tells me that he has "a mass" at the testicle that is draining fluid. States that he has had this mass for 2 months drain open a few weeks ago. Has had copious amounts of drainage. Also reporting pain at the site. Denies any penile pain or drainage. Denies any fevers or chills. Denies any nausea or vomiting, chest pain, shortness of breath.

The above history is corroborated.
Currently feels cold but denies any fever, chills.

Glu 650, cr 1.9, ketones 1.1. received 2 liters ivf. CT pelvis : Large multiloculated scrotal fluid collection measuring at least 9 cm. HIV non reactive. EKG with Sinus tachycardia

I and D of abscess in ED ->60ml of pus drained in ED

History is obtained from Chart review , ED report, patient

- **EMERGENCY DEPARTMENT COURSE:**

ED Course as of 02/20/25 1826
Thu Feb 20, 2025

1443 EKG (my read): Sinus tachycardia, rate of 102, normal axis, normal intervals, no ectopy. No STEMI. [MO]

1659 I spoke to Urology, Dr. Mishra. He will evaluate the patient; he is recommending expansion of the patient's existing defect in the scrotum in order to drain the largest loculation of the abscess. He does not believe this patient needs surgery emergently, especially in light of his uncontrolled hyperglycemia. [MO]

1743 **Glucose(!): 376** [MO]

ED Course User Index
[MO] Outhay, Malena, MD

Clinical Impressions as of 02/20/25 1826
Hyperglycemia due to diabetes mellitus (CMS/HCC)
Scrotal abscess
AKI (acute kidney injury) (CMS/HCC)

- **PAST MEDICAL HISTORY:**

Past Medical History:

Diagnosis	Date
• Diabetes mellitus (CMS/HCC)	

- **PAST SURGICAL HISTORY:**

History reviewed. No pertinent surgical history.

- **HOME MEDICATIONS:**

Prior to Admission medications

Medication	Sig	Start Date	End Date	Taking?	Authorizing Provider
glucose blood test strip	**Use to test blood sugar 1 (one) time each day.**	**7/17/24**			**Blaauw, Erica P, NP**
moxifloxacin (VIGAMOX) 0.5 % ophthalmic solution	**Administer 1 drop into the left eye 4 (four) times a day.**	**7/17/24**			**Blaauw, Erica P, NP**

- **ED MEDICATIONS:**

Medications
dextrose 50 % injection 25 g (has no administration in time range)
sodium chloride 0.9 % bolus 2,000 mL (2,000 mL intravenous New Bag 2/20/25 1529)

cefepime (MAXIPIME) IV push 2,000 mg (2,000 mg intravenous Given 2/20/25 1630)
insulin regular (HumuLIN R) injection 5 Units (5 Units intravenous Given 2/20/25 1749)

- **CURRENT HOSPITAL SCHEDULED MEDICATIONS:**

- **FAMILY HISTORY:**

Reviewed and found not to be contributory.
No family history on file.

- **SOCIAL HISTORY:**

Social History

Socioeconomic History
- Marital status: Single
  Spouse name: None
- Number of children: None
- Years of education: None
- Highest education level: None

Occupational History
- None

Tobacco Use
- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity
- Alcohol use: Never
- Drug use: None
- Sexual activity: None

Other Topics Concern
- None

Social History Narrative
- None

Social Drivers of Health

Financial Resource Strain: Not on File (8/26/2019)
Received from OCHIN

Financial Resource Strain
- Financial Resource Strain: 0

Food Insecurity: Not on File (8/18/2021)
Received from OCHIN
Food Insecurity
- Food: 0

Recent Concern: Food Insecurity - At Risk (8/18/2021)
Received from OCHIN
Food Insecurity
- Food: 2

Transportation Needs: Not on File (8/18/2021)
Received from OCHIN
Transportation Needs
- Transportation: 0

Physical Activity: Not on File (8/26/2019)
Received from OCHIN
Physical Activity
- Physical Activity: 0

Stress: Not on File (8/26/2019)
Received from OCHIN
Stress
- Stress: 0

Social Connections: Not on File (9/8/2024)
Received from OCHIN
Social Connections
- Connectedness: 0

Intimate Partner Violence: Not on file

Housing Stability: Not on File (9/14/2021)
Received from OCHIN
Housing Stability
- Housing: 0

reports no history of alcohol use., reports that he has never smoked. He has never used smokeless tobacco., has no history on file for drug use.

-
- **REVIEW OF SYSTEMS:**

As per history of present illness. Otherwise all other systems are reviewed and found to be unremarkable.

-
- **ALLERGIES:**

No Known Allergies

-

- **PHYSICAL EXAMAMINATION:**

Vitals:

	02/20/25 1408	02/20/25 1605	02/20/25 1628	02/20/25 1630
BP:	116/78	**(!) 163/81**	143/79	146/78
BP Location:	Left arm	Right arm	Right arm	Right arm
Patient Position:	Sitting	Lying	Lying	Lying
Pulse:	99	84	87	84
Resp:	18	18	18	12
Temp:	37.1 °C (98.8 °F)			
TempSrc:	Oral			
SpO2:	100%	100%	99%	99%
Height:	1.93 m (6' 4")			

No intake or output data in the 24 hours ending 02/20/25 1826

Constitutional: Normal appearance, no acute distress. The patient Body mass index is 23.13 kg/m².
HENT: Normocephalic and atraumatic. Normal External ear . Normal Nose. Mucous membranes are moist.
Eyes: Normal Conjunctivae. Pupils are equal and round.
Neck: supple.
Cardiovascular: Normal rate and regular rhythm. Normal heart sounds.
Pulmonary: Pulmonary effort is normal. Normal breath sounds.
Abdominal: Abdomen is Soft, Non tender, Non distended, no appreciable organomegaly, no rebound tenderness, guarding or rigidity. Bowel sounds are normal.
Genitalia: minimal tenderness to palpation on the right side of scrotum. Minimal pus drainage
Musculoskeletal: Normal range of motion.
Skin: Warm and dry.
Neurological: No focal deficit present. Alert and oriented to person, place, and time. Mental status is at baseline.
Psychiatric: Normal Mood and Behavior.

- **LABORATORY DATA:**

Reviewed

Results from last 7 days

Lab	Units	02/20/25 1524	02/20/25 1513
SODIUM	mmol/L	--	**129***
POTASSIUM	mmol/L	--	4.5
CHLORIDE	mmol/L	--	**94***
CO2	mmol/L	--	23
BUN	mg/dL	--	**40***
CREATININE	mg/dL	--	**1.9***
GLUCOSE	mg/dL	--	**653***
ANION GAP	mmol/L	--	12
AST	U/L	--	13
ALT	U/L	--	18
BILIRUBIN TOTAL	mg/dL	--	0.5
CALCIUM	mg/dL	--	10.4
EGFR	mL/min/1.73m*2	--	**39***
OSMOLALITY CALC	mosm/kg	--	318
MAGNESIUM	mg/dL	--	2.5
LACTATE VEN	mmol/L	1.3	--

Results from last 7 days

Lab	Units	02/20/25 1513
WBC	10*3/mcL	4.7
HEMOGLOBIN	g/dL	**13.8***
HEMATOCRIT	%	**39.9***
PLATELETS AUTO	10*3/mcL	328

Results from last 7 days

Lab	Units	02/20/25 1500
COLOR U		YELLOW
CLARITY U		CLEAR
GLUCOSE UA	mg/dL	**>=1000***
BILIRUBIN UA		NEGATIVE
KETONES UA	mg/dL	**TRACE***
SPEC GRAV U		**<=1.005***
BLOOD UA		NEGATIVE
PH UA		6.0
UROBILINOGEN UA.	mg/dL	0.2
NITRITE UA		Negative
LEUKOCYTES UA		NEGATIVE

-
- **IMAGING:**

Reviewed
CT pelvis wo IV contrast

Result Date: 2/20/2025
Narrative: INDICATION: scrotal abscess TECHNIQUE: Axial acquisition with multiplanar reformats of pelvis was performed without intravenous contrast. CTDIvol: 12.63 mGy DLP: 498.52 mGy-cm COMPARISON: None FINDINGS: Large multiloculated scrotal fluid collection measuring at least 9 cm.

Impression: Large multiloculated scrotal fluid collection measuring at least 9 cm.

-
- **EKG& ECHO**

Reviewed
Encounter Date: 02/20/25
ECG 12 lead

Result	Value
Ventricular Heart Rate	102
Atrial Heart Rate	102
PR Interval	164
QRS Duration	86
QT Interval	316
QTc Calculation	411
P Axis	77

R Axis	70
T Axis	76

Findings

Sinus tachycardiaOtherwise normal ECGWhen compared with ECG of 30-APR-2022 05:53,Vent. rate has increased BY 39 BPMBorderline criteria for Anterior infarct are no longer PresentST no longer depressed in Anterior leadsT wave inversion no longer evident in Inferior leadsT wave inversion no longer evident in Anterior leadsQT has shortened

No prior echo within 6 months

- **MICROBIOLOGY:**

Reviewed

- **ASSESSMENT AND PLAN:**

Leonard Jr Johnson is a 65 y.o. male presented with Hyperglycemia (Sent here by Dr's office, triage FS 485 mg/dl) Poorly controlled dm on insulin here from doctor's office for hyperglycemia. 2 months of scrotal abscess that has been spontaneously draining for 2 weeks.

Principal Problem:

Scrotal abscess

Scrotum pain

CT pelvis with Large multiloculated scrotal fluid collection measuring at least 9 cm. One of the pockets drained in ED --
- > 60ml drained at bedside I and D. HIV negative. Underlying poorly controlled dm.
- f/u cultures
- ID/ Urology consulted
- npo for surgical evaluation
- suspect elevated blood sugars in the setting of infection. Currently improving
- empiric IV Vancomycin, Rocephin
- CRP, PCT, ESR
- gentle hydration

Active Problems:

AKI (acute kidney injury) (CMS/HCC)

Possibly in the setting of infection. Hydrate, treat underlying and monitor

Essential hypertension

Cautious with antihypertensives due to possible sepsis

History and Physical Note (continued)

Uncontrolled type 2 diabetes mellitus with hyperglycemia (CMS/HCC)
- Monitor FSBS QAC/QHS and 2-3 AM
- Hemoglobin A1C
- Low dose Lantus with hold parameters, Sensitive ISS. Titrate based on blood sugars.
Takes 50 units of lantus daily with no prandial or additional po medications.
- diabetic teaching/ education
- possibly will need lantus + Metformin at dc

Hyponatremia

DVT Prophylaxis: Anticoagulation Contraindicated due to bleeding risk due to potential surgery.

See Orders.

DISPOSITION: Home
DIET: NPO
CODE STATUS: Full Code by default
ACTIVITY: up with assistance
Anticipated discharge date: 2/25/25
Chronic and active problems relevant to hospitalization and plan of care reviewed and discussed with patient

ACP- deferred

Anupama T. Raikanti, MD

2/20/2025

Electronically signed by Raikanti, Anupama T., MD at 2/20/2025 7:19 PM

Discharge Summary

Discharge Summary by Raikanti, Anupama T., MD at 2/26/2025 0952

SAN LEANDRO HOSPITAL, AHS

HOSPITALISTS' DISCHARGE SUMMARY

2/26/2025

ADMIT DATE: 2/20/2025
PMD: Clinic, Davis Street Primary Care PCP #: 510-347-4620
HOSPITALIST: Anupama T. Raikanti, MD.

DISCHARGE CONDITION: Stable
ACTIVITY: activity as tolerated
DISPOSITION: Home
DIET:cardiac diet and diabetic diet
CODE STATUS: Full Code
CONSULTANTS: Dr. Eileen Nenniger, Infectious Diseases; Dr. Misra, Urology

- **DISCHARGE DIAGNOSES:**

Scrotal abscess
Principal Problem:
Scrotal abscess
Active Problems:
Essential hypertension
Scrotum pain
Uncontrolled type 2 diabetes mellitus with hyperglycemia (CMS/HCC)
Hyponatremia
AKI (acute kidney injury) (CMS/HCC)

Chronic and active problems relevant to hospitalization and plan of care reviewed and discussed with the patient, ID, Urology

- **HOSPITAL COURSE:**

The patient presented as;

Leonard Jr Johnson is a 65 y.o. male Presented with Hyperglycemia (Sent here by Dr's office, triage FS 485 mg/dl)

As per emergency room note
Leonard Jr Johnson is a 65 y.o. male with PMH diabetes, hypertension presenting with hyperglycemia and 1 month of generalized weakness. Patient states that he went to his doctor's office and his blood glucose is 485. He has been feeling weaker and more tired than notable for the past 1-2 months. Has not missed any of his insulin, takes 50 units of Lantus every night. Last p.o. intake was this morning. Has had poor appetite over the past few weeks and lost 18 lb. He also tells me that he has "a mass" at the testicle that is draining fluid. States that he has had this mass for 2 months drain open a few weeks ago. Has had copious amounts of drainage. Also reporting pain at the site. Denies any penile pain or drainage. Denies any fevers or chills. Denies any nausea or vomiting, chest pain, shortness of breath.

The above history is corroborated.
Currently feels cold but denies any fever, chills.

Glu 650, cr 1.9, ketones 1.1. received 2 liters ivf. CT pelvis : Large multiloculated scrotal fluid collection measuring at

least 9 cm. HIV non reactive. EKG with Sinus tachycardia

I and D of abscess in ED ->60ml of pus drained in ED

Per last Assessment and Plan;

Leonard Jr Johnson is a 65 y.o. male admitted for Scrotal abscess

Underlying Poorly controlled dm on insulin here from doctor's office for hyperglycemia. 2 months of scrotal abscess that has been spontaneously draining for 2 weeks.

additional information per ID -
hx disseminated cocci-
- 2010 cocci immitis in cultures, took fluc for 1.5 yrs.
- Course c/b cavitary lung lesions (AFB negative) and elevated cocci titers so restarted fluc in 2014 (no mention of CNS sx or other site), was followed by Dr Weisenberg at Stanford. It appears he was lost to follow up 2015, at that time the plan was fluc unclear duration possible indefinite.
- last 6/2018 cocci Ab 1:64
- 3/2014 1:64, 10/2014 titer 1:32 on treatment

hx TB and treatment per chart review, unclear details

Principal Problem:
Scrotal abscess
Scrotum pain
CT pelvis with Large multiloculated scrotal fluid collection measuring at least 9 cm. One of the pockets drained in ED --
- > 60ml drained at bedside I and D. HIV negative. Underlying poorly controlled dm.
- f/u cultures
- ID/ Urology consults appreciated
-2/21 - u/s scrotum - 1. Right epididymo-orchitis. Small complicated cyst or abscess in the right epididymis measuring up to 4 cm.

2. Residual multilocular right scrotal abscesses, largest pocket measuring 4 x 1.5 x 3.9 cm.

3. Left epididymitis with abscess measuring 4.3 x 2.8 cm.

- suspect elevated blood sugars in the setting of infection. Currently improving
- empiric IV Vancomycin, Rocephin. Narrow antibiotics based on cultures.
- CRP 10, PCT 0.06, ESR - pending
- gentle hydration
- Patient seen by urologist overnight, additional drainage of the abscess and wound packing done. Diet resumed
- given hx of disseminated coccidiodosis, started on Fluconazole (likely will need life long). F/u fungal cultures. F/u cocci titers. Appreciate ID consult
- abscess culture with Gp B streptococcus.

- d/w with Urology (Dr. Misra) - plan for I and D.
- patient states that his family member came and learned wound care
- 2/24 - S/p exploration of bilateral scrotal abscess/ drainage and scrotoplasty. Anticipate prolonged wound healing time. Will discuss further plan with ID and Urology. Patient anxious to go home

Active Problems:

AKI (acute kidney injury) (CMS/HCC)

Possibly in the setting of infection. Hydrate, treat underlying and monitor

Essential hypertension

Cautious with antihypertensives due to possible sepsis

Uncontrolled type 2 diabetes mellitus with hyperglycemia (CMS/HCC)

- Monitor FSBS QAC/QHS and 2-3 AM
- Hemoglobin A1C
- Lantus 5 units bid with hold parameters, Sensitive ISS. Titrate based on blood sugars.

Takes 50 units of lantus daily with no prandial or additional po medications.

- diabetic teaching/ education
- possibly will need lantus + Metformin at dc

Hyponatremia

Per Urology on 2/25 as below:

Leonard Jr Johnson is a 65 y.o. male admitted for Scrotal abscess

Pt needs to keep penrose drains till dressing is totally dry - at least till next 2-3 days
I advised pt that he can go home and see me in my office for drain removal next week- if he has to go home to tak care of his personal bills

Per ID on 2/25 as below:

Assessment
65 y.o. male with PMH DM, disseminated cocci, hx latent TB prior tx *# scrotal abscess, drainage now s/p I+D with 60 mL thick yellow pus drained* *- dx'd with scrotal/testicular abscess 2013, but apparently no follow up due to reincarceration* *- concern that scrotal collection may be cocci and 12/2014 scrotal US at Sutter- referred to uro but don't see in CE, felt findings to be post infectious.* *- 2/21 scrotal US-* *1. Right epididymo-orchitis. Small complicated cyst or abscess in the right epididymis measuring up to 4 cm.* *2. Residual multilocular right scrotal abscesses, largest pocket measuring 4 x 1.5 x 3.9 cm.* *3. Left epididymitis with abscess measuring 4.3 x 2.8 cm.*

Discharge Summary (continued)

- 2/24 OR-OR 2/24- exploration of BL scrotal abscesses with drainage and scrotoplasty- Purulent fluid from the right hemiscrotum subcutaneous and deep tissue without any evidence of testicular abscess or epididymal abscesses. Penrose drains in place bilaterally. Cultures pending

 # hx disseminated cocci-
- 2010 cocci immitis in cultures, took fluc for 1.5 yrs.
- Course c/b cavitary lung lesions (AFB negative) and elevated cocci titers so restarted fluc in 2014 (no mention of CNS sx or other site), was followed by Dr Weisenberg at Stanford. It appears he was lost to follow up 2015, at that time the plan was fluc unclear duration possible indefinite.
- last 6/2018 cocci Ab 1:64
- 3/2014 1:64, 10/2014 titer 1:32 on treatment
- 2/22 CXR- Chronic linear scarring in the right lower lobe. No acute consolidation or cavitary lesions.

 # hx TB and treatment per chart review, unclear details

 # erectile dysfunction

CrCl cannot be calculated (Patient's most recent lab result is older than the maximum 3 days allowed.).

Plan

- bactrim x1w
- fluconazole 400 mg daily for presumed cocci, duration tbd
- f/u 2/24 OR cultures- bacterial, fungal, and AFB
- f/u cocci Ab titer
- pts prior ID dr no longer in Oakland, will arrange outpt ID follow up

- f/u bacterial abscess culture, strep, possible staph, CoNS- unclear if reflecting skin flora
- f/u Bcx, NG24

Hospital course and current status

Leonard Jr Johnson is a 65 y.o. male wit DM, hx of Disseminated Cocci, Hx of latent TB s/p treatment admitted for scrotal abscess (with prior hx in 2013). Was supposed to follow up with ID for coccidiodomycosis. Urology and ID consulted. Initially underwent bedside drainage but subsequently was taken to OR on 2/24- S/p exploration of bilateral scrotal abscess/ drainage and scrotoplasty. Currently doing well. Needs ongoing treatment for Coccidiodomycosis. Fungal/ afb cultures pending at this time

He will be on Bactrim DS bid through 3/3 and will continue Fluconazole 400mg daily (likely indefinitely)- 1 month prescription given. Will follow up in ID clinic.

He takes Lantus 50 units daily. Sugars in the range of 200 - 300 despite being on 12 units bid with prandial. Changed home dose to 20 units bid with prandial insulin and sliding scale.

Follow-ups and issues to be addressed after discharge

Primary Care Physician as soon as possible
- ID
- Urology- Dr. Misra in 3-5 days
SEE ORDERS.

-
- **PROCEDURES:**

*** EXPLORATION OF BILATERAL SCROTAL ABSCESS, WITH DRAINAGE AND SCROTOPLASTY**

-
- **ALLERGY**

No Known Allergies

-
- **PHYSICAL EXAMAMINATION:**

Vitals:

	02/25/25 1650	02/26/25 0034	02/26/25 0600	02/26/25 0720
BP:	136/82	**(!) 152/89**		137/78
BP Location:	Left arm	Left arm		Right arm
Patient Position:	Lying	Sitting		Lying
Pulse:	81	98		84
Resp:	20	20		18
Temp:	35.9 °C (96.6 °F)	35.9 °C (96.6 °F)		35.9 °C (96.6 °F)
TempSrc:	Temporal	Temporal		Temporal
SpO2:	100%	100%		98%
Weight:			78.9 kg (174 lb)	
Height:				

Intake/Output Summary (Last 24 hours) at 2/26/2025 0952
Last data filed at 2/25/2025 1900

	Gross per 24 hour
Intake	880 ml
Output	800 ml
Net	**80 ml**

Constitutional: Normal appearance, no acute distress. The patient Body mass index is 21.18 kg/m^2.
HENT: Normocephalic and atraumatic. Normal External ear . Normal Nose. Mucous membranes are moist.
Eyes: Normal Conjunctivae. Pupils are equal and round.
Neck: supple.
Cardiovascular: Normal rate and regular rhythm. Normal heart sounds.
Pulmonary: Pulmonary effort is normal. Normal breath sounds.
Abdominal: Abdomen is Soft, Non tender, Non distended, no appreciable organomegaly, no rebound tenderness, guarding or rigidity. Bowel sounds are normal.
Genitourinary: Scrotum with wound dressing/ penrose drain in place
Musculoskeletal: Normal range of motion.
Skin: Warm and dry.
Neurological: No focal deficit present. Alert and oriented to person, place, and time. Mental status is at baseline.
Psychiatric: Normal mood and behavior.

-
- **LATEST LABS:**

Reviewed

ALAMEDA HEALTH SYSTEM

Johnson, Richard P
MRN: 5289567, DOB: 3/31/1959, Legal Sex: M
Adm: 2/20/2025, D/C: 2/26/2025

02/20/2025 - ED to Hosp-Admission (Discharged) in San Leandro Hospital 3MS (continued)

Discharge Summary (continued)

Results from last 7 days

Lab	Units	02/21/25 0556	02/20/25 1854	02/20/25 1524	02/20/25 1513
SODIUM	mmol/L	139	138	--	**129***
POTASSIUM	mmol/L	4.2	3.7	--	4.5
CHLORIDE	mmol/L	107	105	--	**94***
CO2	mmol/L	**21***	23	--	23
BUN	mg/dL	**24***	**35***	--	**40***
CREATININE	mg/dL	1.1	**1.5***	--	**1.9***
GLUCOSE	mg/dL	**201***	**308***	--	**653***
ANION GAP	mmol/L	11	10	--	12
AST	U/L	13	--	--	13
ALT	U/L	16	--	--	18
BILIRUBIN TOTAL	mg/dL	0.6	--	--	0.5
CALCIUM	mg/dL	9.6	9.3	--	10.4
EGFR	mL/min/1.73m*2	74	**51***	--	**39***
OSMOLALITY CALC	mosm/kg	306	313	--	318
MAGNESIUM	mg/dL	--	--	--	2.5
LACTATE VEN	mmol/L	--	--	1.3	--
PROCALCITONIN	ng/mL	--	0.06	--	--
HEMOGLOBIN A1C	%	--	**>14.9***	--	--

Results from last 7 days

Lab	Units	02/21/25 0556	02/20/25 1513
WBC	10*3/mcL	5.4	4.7
HEMOGLOBIN	g/dL	**13.3***	**13.8***
HEMATOCRIT	%	40.1	**39.9***
PLATELETS AUTO	10*3/mcL	303	328

Results from last 7 days

Lab	Units	02/21/25 0556
INR		1.0
PROTIME	sec	12.7

Results from last 7 days

Lab	Units	02/22/25 1026	02/20/25 1500
COLOR U		YELLOW	YELLOW
CLARITY U		CLEAR	CLEAR
GLUCOSE UA	mg/dL	**>=1000***	**>=1000***
BILIRUBIN UA		NEGATIVE	NEGATIVE
KETONES UA	mg/dL	**TRACE***	**TRACE***
SPEC GRAV U		1.025	**<=1.005***
BLOOD UA		NEGATIVE	NEGATIVE
PH UA		6.0	6.0
UROBILINOGEN UA.	mg/dL	0.2	0.2
NITRITE UA		Negative	Negative
LEUKOCYTES UA		NEGATIVE	NEGATIVE
WBC UA		**21-50***	--
SQUAMEPI UR HPF	/LPF	FEW	--

- **IMAGING:**

Reviewed

Transthoracic echo (TTE) complete

- Normal global left ventricular systolic function, with an ejection fraction of 65 - 70%.
- Mild concentric left ventricular hypertrophy.
- Grade I left ventricular diastolic dysfunction.
- There is mild mitral valve regurgitation with a centrally directed jet.
- Mild aortic valve sclerosis.
- No previous study for comparison.

- **EKG& ECHO**

Reviewed

Encounter Date: 02/20/25

ECG 12 lead

Result	Value
Ventricular Heart Rate	102
Atrial Heart Rate	102
PR Interval	164
QRS Duration	86

QT Interval	316
QTc Calculation	411
P Axis	77
R Axis	70
T Axis	76

Findings

Sinus tachycardiaOtherwise normal ECGWhen compared with ECG of 30-APR-2022 05:53,Vent. rate has increased BY 39 BPMNonspecific ST and T wave abnormality resolvedConfirmed by GWYNN, ROBERT (8877) on 2/25/2025 7:51:46 AM

Transthoracic echo (TTE) complete

Result Date: 2/25/2025

• Normal global left ventricular systolic function, with an ejection fraction of 65 - 70%. • Mild concentric left ventricular hypertrophy. • Grade I left ventricular diastolic dysfunction. • There is mild mitral valve regurgitation with a centrally directed jet. • Mild aortic valve sclerosis. • No previous study for comparison.

- **MICROBIOLOGY:**

Reviewed

Results from last 7 days

Lab	Units	02/24/25 1758	02/20/25 1550	02/20/25 1547	02/20/25 1540
GRAM STAIN RESULT		Rare Polymorphonuclear leukocytes | Moderate Red blood cells | No organisms seen	--	Few Polymorphonuclear leukocytes | Moderate Gram positive cocci in pairs	--
BLOOD CULTURE		--	No Growth at 5 Days	--	No Growth at 5 Days
WOUND CULTURE		--	--	**Few STREPTOCOCCUS GROUP B | Few STAPHYLOCOCCUS AUREUS METHICILLIN (OXACILLIN) RESISTANT* | Rare STAPHYLOCOCCUS COAGULASE NEGATIVE**	--

Results from last 7 days

Lab	Units	02/20/25 1854
PROCALCITONIN	ng/mL	0.06

-
- **DISCHARGE MEDICATIONS:**

Medications Prior to Admission:
- glucose blood test strip, 1 strip, Other, Daily, Unknown
- moxifloxacin (VIGAMOX) 0.5 % ophthalmic solution, 1 drop, Left Eye, 4x daily, Unknown

New medications prescribed to you today

	Dose and Frequency
alcohol swabs pads, medicated	1 Swab, topical, 2 times daily
aspirin 81 mg chewable tablet Start taking on: **February 27, 2025**	81 mg, oral, Daily
fluconazole 200 mg tablet Commonly known as: DIFLUCAN Start taking on: **February 27, 2025**	400 mg, oral, Daily
glucose monitoring kit Commonly known as: GLUCOMETER	1 each, Other, 3 times daily, ICD 10 code E 11
HYDROcodone-acetaminophen 5-325 mg Commonly known as: NORCO	1 tablet, oral, Every 8 hours PRN
insulin glargine 100 unit/mL (3 mL) injection	20 Units, subcutaneous, 2 times daily
insulin lispro 100 unit/mL injection Commonly known as: HumaLOG	2-8 Units, subcutaneous, 4 times daily with meals and nightly, Lispro 2-8 units, insulin sliding scale, 4 times a day with meals and at bedtime; 140-200 Take 2 units 201-300 Take 4 units 301-400 Take 6 units More than 400 Take 8 units If blood glucose more than 400 keep checking your blood glucose every 3 hours and cover according to sliding scale until it is less than 300 then go back to your usual sliding scale Call your primary care physician immediately or come to the emergency room if your blood glucose is more than 350
insulin lispro 100 unit/mL injection Commonly known as: HumaLOG	6 Units, subcutaneous, 3 times daily with meals
lancets 30 gauge misc	1 each, Other, 3 times daily, ICD 10 code E 11

	Dose and Frequency
naloxone 4 mg/0.1 mL nasal spray Commonly known as: NARCAN	1 spray, nasal, See admin instructions, May repeat every 2-3 minutes, alternating nostrils. CALL 911. For questions with how to stay healthy while taking opioids, call or text 510-545-2765.
pen needle, diabetic 32 gauge x 5/32" needle	1 Pen needle, subcutaneous, 4 times daily
Sharps Container Generic drug: sharps container	Use as directed to dispose of sharps.
sulfamethoxazole-trimethoprim 800-160 mg per tablet Commonly known as: BACTRIM DS	1 tablet, oral, Every 12 hours

Your doctor made some changes to these medications

	Dose and Frequency
glucose blood test strip What changed: **Another medication with the same name was added. Make sure you understand how and when to take each.**	1 each, Other, Daily
glucose blood test strip What changed: **You were already taking a medication with the same name, and this prescription was added. Make sure you understand how and when to take each.**	1 each, Other, 3 times daily, ICD 10 code E 11

Continue taking these medications

	Dose and Frequency
moxifloxacin 0.5 % ophthalmic solution Commonly known as: VIGAMOX	1 drop, Left Eye, 4 times daily

Current updated list of your home medications after discharge

	Dose and Frequency
alcohol swabs pads, medicated	1 Swab, topical, 2 times daily
aspirin 81 mg chewable tablet Start taking on: **February 27, 2025**	81 mg, oral, Daily
fluconazole 200 mg tablet Commonly known as: DIFLUCAN Start taking on: **February 27, 2025**	400 mg, oral, Daily
glucose blood test strip	1 each, Other, Daily
glucose blood test strip	1 each, Other, 3 times daily, ICD 10 code E 11
glucose monitoring kit Commonly known as: GLUCOMETER	1 each, Other, 3 times daily, ICD 10 code E 11
HYDROcodone-acetaminophen 5-325 mg Commonly known as: NORCO	1 tablet, oral, Every 8 hours PRN
insulin glargine 100 unit/mL (3 mL) injection	20 Units, subcutaneous, 2 times daily

	Dose and Frequency
insulin lispro 100 unit/mL injection Commonly known as: HumaLOG	2-8 Units, subcutaneous, 4 times daily with meals and nightly, Lispro 2-8 units, insulin sliding scale, 4 times a day with meals and at bedtime; 140-200 Take 2 units 201-300 Take 4 units 301-400 Take 6 units More than 400 Take 8 units If blood glucose more than 400 keep checking your blood glucose every 3 hours and cover according to sliding scale until it is less than 300 then go back to your usual sliding scale Call your primary care physician immediately or come to the emergency room if your blood glucose is more than 350
insulin lispro 100 unit/mL injection Commonly known as: HumaLOG	6 Units, subcutaneous, 3 times daily with meals
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moxifloxacin 0.5 % ophthalmic solution Commonly known as: VIGAMOX	1 drop, Left Eye, 4 times daily
naloxone 4 mg/0.1 mL nasal spray Commonly known as: NARCAN	1 spray, nasal, See admin instructions, May repeat every 2-3 minutes, alternating nostrils. CALL 911. For questions with how to stay healthy while taking opioids, call or text 510-545-2765.
pen needle, diabetic 32 gauge x 5/32" needle	1 Pen needle, subcutaneous, 4 times daily
Sharps Container Generic drug: sharps container	Use as directed to dispose of sharps.
sulfamethoxazole-trimethoprim 800-160 mg per tablet Commonly known as: BACTRIM DS	1 tablet, oral, Every 12 hours

Where to Get Your Medications

Discharge Summary (continued)

These medications were sent to CVS/pharmacy #9130 - Oakland, CA - 175 41st St 175 41st St, Oakland CA 94611

Phone: 510-658-3496

- alcohol swabs pads, medicated
- aspirin 81 mg chewable tablet
- fluconazole 200 mg tablet
- glucose blood test strip
- glucose monitoring kit
- HYDROcodone-acetaminophen 5-325 mg
- insulin glargine 100 unit/mL (3 mL) injection
- insulin lispro 100 unit/mL injection
- insulin lispro 100 unit/mL injection
- lancets 30 gauge misc
- naloxone 4 mg/0.1 mL nasal spray
- pen needle, diabetic 32 gauge x 5/32" needle
- Sharps Container
- sulfamethoxazole-trimethoprim 800-160 mg per tablet

-
- **FOLLOW-UP & DISCHARGE INSTRUCTIONS:**

- Patient was instructed to follow up with **PMD:** Clinic, Davis Street Primary Care PCP #: 510-347-4620
If you cannot arrange an appointment with your primary care physician or you do not have a primary care physician, call 510-437-8500 for an appointment at Alameda Health System Outpatient Clinics.
Time:
I spent more than 35min were used to facilitate and organize this discharge including evaluation, examination, and addressing discharge related questions the patient had.

Anupama T. Raikanti, MD

2/26/2025

Electronically signed by Raikanti, Anupama T., MD at 2/26/2025 11:13 AM

Surgery Notes

Op Note by Misra, Sourjya, MD at 2/24/2025 1729

EXPLORATION OF BILATERAL SCROTAL ABSCESS, WITH DRAINAGE AND SCROTOPLASTY
Operative Note

02/20/2025 - ED to Hosp-Admission (Discharged) in San Leandro Hospital 3MS (continued)

Surgery Notes (continued)

Date: 2/24/2025 **Location:** SLH OR

Name: Leonard Jr Johnson, **DOB:** 3/31/1959, **MRN:** 5289567

Diagnosis

Pre-op Diagnosis	Post-op Diagnosis
* Scrotal abscess [N49.2]	* Scrotal abscess [N49.2]

Procedures

Procedure(s):
EXPLORATION OF BILATERAL SCROTAL ABSCESS, WITH DRAINAGE AND SCROTOPLASTY

Findings

Purulent fluid from the right hemiscrotum subcutaneous and deep tissue without any evidence of testicular abscess or epididymal abscess

Surgeons

* Misra, Sourjya, MD - Primary

Procedure Summary

Anesthesia: General
Estimated Blood Loss: 20 cc

Drains: Penrose drain x2 on each hemiscrotum
Specimen:

ID	Type	Source	Tests	Collected by	Time
1 : SCROTAL ABSCESS SAC	Skin	Scrotum	TISSUE EXAM	Misra, Sourjya, MD	2/24/2025 1744
A : SCROTAL ABSCESS (AEROBIC, ANAEROBIC, GRAM STAIN, FUNGAL, AFB	Swab	Scrotum	CULTURE-WOUND,TISSUE,ABSCESS,ULCER, FUNGAL CULTURE & MICROSCOPIC EXAM, AFB CULTURE & SMEAR	Misra, Sourjya, MD	2/24/2025 1758

Staff:
Circulator: Wolf, Cori, RN; Zalamea, Mary Ann, RN
Surgical Tech: Hassell, Jordan

Anesthesia Staff:

02/20/2025 - ED to Hosp-Admission (Discharged) in San Leandro Hospital 3MS (continued)

Surgery Notes (continued)

Anesthesiologist: Prakash, Aanchal, MD

Complications:none
Disposition: PACU
Condition: stable

Indication for Procedure:

This is a 65-year-old male patient who has a long history of diabetes. He was having drainage of purulent fluid from the scrotum for about 6 months recently was admitted to the hospital and underwent local drainage of the abscess on the right hemiscrotum under local anesthesia in the ER.
He continued to have some drainage and a repeat office sound reveal evidence of loculated fluid in the right hemiscrotum with possible epididymo-orchitis. Because of fungal infection question was raised about testicular abscess contributing to the scrotal abscess
He was brought in for a formal exploration of the testis and scrotum

Description of Procedure:
The patient has placed in dorsal lithotomy position after induction of general anesthesia. Genitalia was prepped and draped in a sterile manner.
There was 1 small incision already pre-existing on the right hemiscrotum this incision was expanded after injecting local anesthesia inferiorly on the scrotal wall. The incision was extended approximately 4 in down the right hemiscrotum. Thorough exploration of the scrotum was performed there was no evidence of gangrene or deep tissue infection. There was some purulent fluid noted in the superior aspect of the scrotum draining from the right inguinal area. This was then opened up using blunt dissection and cyst cavity containing 5-10 cc of very thick white pus was evacuated. All the tissue pertinent to the abscess cavity in this location was thoroughly excised. Wound irrigation was done using a Toomey syringe
As much as possible the testis with that intact tunica was explored there was some evidence of induration of the epididymis however there was no indication that there was a testicular abscess or communication between the testis to the scrotal wall. Confirmed the findings initially of a scrotal abscess on the right side what appeared to be multiloculated and this has currently been drained out quite adequately.
A half-inch Penrose drain was left draining the deep tissue scrotum and made to exit through a separate stab wound incision. I decided to close the main incision of the scrotum as the tissue appeared to be very viable or any necrosis the wound was closed with interrupted sutures of 2 0 Monocryl.
Attention as then given to the left hemiscrotum where the other incision was prepped previously present. The incision was again extended about 3 in along the left scrotal wall and a thorough exploration of the left hemiscrotum was done. Endorses no evidence of abscess on this area and the testis and intact tunica was thoroughly explored without any evidence of inflammation or necrotic tissue present. Wound was again thoroughly irrigated. Half-inch Penrose drain was left draining the area and made to exit through a separate stab wound incision in the left hemiscrotum.
The wound was also similarly closed on the left side using interrupted sutures of 2-0 Monocryl the Penrose drains were left at the dependent portion of the left than right hemi scrotum the wound was then thoroughly irrigated again
The 2 incisions on each side were then infiltrated with 0.5% Marcaine
Xeroform dressing was applied on the scrotal incision followed by fluffy dressings and ABD pad followed by a mesh panty. The patient was allowed anesthesia without any complications. Transferred to recovery room in stable manner

Sourjya Misra, MD
02/24/25 6:41 PM

Electronically signed by Misra, Sourjya, MD at 2/24/2025 6:49 PM

Perioperative Nursing Note by Sagnep, Cristine S, RN at 2/24/2025 0740

Surgery Notes (continued)

Pt denies pain. Ate egg sandwich and drank water- tolerated well. Report given to Elayne RN. Bed placed in low locked position with call light @ bs.

Electronically signed by Sagnep, Cristine S, RN at 2/24/2025 7:46 PM

Imaging

Echocardiography

Transthoracic echo (TTE) complete (Final result)

Transthoracic echo (TTE) complete Resulted: 02/25/25 1750, Result status: Final result

Ordering provider: Raikanti, Anupama T., MD 02/24/25 2252
Resulted by: Kopelnik, Alexander, MD
Performed: 02/25/25 0955 - 02/25/25 1022
Resulting lab: CPACS
Order status: Completed
Filed by: Kopelnik, Alexander, MD 02/25/25 1750
Accession number: 23170730

Narrative:

- Normal global left ventricular systolic function, with an ejection fraction of 65 - 70%.
- Mild concentric left ventricular hypertrophy.
- Grade I left ventricular diastolic dysfunction.
- There is mild mitral valve regurgitation with a centrally directed jet.
- Mild aortic valve sclerosis.
- No previous study for comparison.

Components

Component	Value	Reference Range	Flag	Lab
BSA	2.11305432 53621039	m2	—	—
LV Diastolic Volume	95	mL	—	—
LV Systolic Volume	30	mL	—	—
EF	69	%	—	—
LVIDD	3.00	cm	—	—
LVIDS	2.05	cm	—	—
IVS	1.40	0.6 - 1.0 cm	—	—
PW	1.30	0.6 - 1.0 cm	—	—
LVOT diameter	2.24	cm	—	—
LVOT area	3.94	cm2	—	—
LV Diastolic Volume Index	44	mL/m2	—	—
LV Systolic Volume Index	14	mL/m2	—	—
E/A ratio	0.90	—	—	—
E wave deceleration time	245.08	msec	—	—
MV Peak E Vel	0.76	m/s	—	—
MV Peak A Vel	0.84	m/s	—	—
MV e' average	0.10	m/s	—	—
E/e' ratio	7.63	—	—	—
LV Mass Index	71	g/m2	—	—
Left Ventricular EF by Teichholz Method	59.89	%	—	—
Stroke Volume	110	ml	—	—
LV mass	152	g	—	—
FS	32	>25 %	—	—
Stroke Volume Index	51	>34 ml/m2	—	—
LA size	2.44	cm	—	—
Aortic root	3.75	cm	—	—
LA volume	44	mL	—	—

02/20/2025 - ED to Hosp-Admission (Discharged) in San Leandro Hospital 3MS (continued)

Imaging (continued)

LA Vol Index	21	<35 mL/m2	—	—
RVIDD	3.5	<4.2 cm	—	—
TAPSE	2.0	>1.7 cm	—	—
RA Volume Index	11	<39 ml/m2	—	—
RA area	12.1	cm2	—	—
Ao peak vel	1.44	m/s	—	—
LVOT peak vel	1.38	m/s	—	—
Ao VTI	0.28	cm	—	—
LVOT peak VTI	0.28	—	—	—
AV mean gradient	5	mmHg	—	—
AV peak gradient	8	mmHg	—	—
LVOT peak gradient	7.64	mmHg	—	—
AV area (VTI)	4.0	cm2	—	—
AV area (peak vel)	3.8	cm2	—	—
Valve area - Index	1.8	—	—	—
AV vena contracta	3.81	cm	—	—
MV mean gradient	1	mmHg	—	—
MV VTI	0.19748982860602	cm	—	—
MV valve area by PHT	3.10	cm2	—	—
MV PHT	71	ms	—	—
MR Max Vel	5.24	m/s	—	—
Mitral Valve Deceleration Time	245.07793563029	ms	—	—
Proximal ascending aorta	3.37	cm	—	—
Aortic root (sinus of Valsalva)	3.75	cm	—	—
Proximal ascending aorta Index	1.57	—	—	—
Aortic root (sinus of Valsalva) index	1.75	—	—	—
Est. RA pres	3.0	mmHg	—	—
PV mean gradient	2	mmHg	—	—
PV peak gradient	3	mmHg	—	—
Pulmonic Valve Systolic Velocity Time Integral	0.16128298853926	cm	—	—
PV PEAK VELOCITY	0.88	cm/s	—	—
RVOT peak vel	0.88	m/s	—	—
AV Velocity Ratio	0.96	—	—	—
PV Peak S Vel	0.87945058366237	m/s	—	—
TAPSE	2.0	cm	—	—
Estimated LVEF	69	50 - 75 %	—	—

Procedures Performed	Chargeables
TRANSTHORACIC ECHO (TTE) COMPLETE [ECH111]	

Result Findings

Left Ventricle
Left ventricular cavity size appears normal. There is mild concentric left ventricular hypertrophy. Left ventricular systolic function is normal, with an ejection fraction of 65-70%. There is no evidence of left ventricular segmental wall motion abnormalities. Grade I (mild) LV diastolic dysfunction.

Right Ventricle
Right ventricle cavity size appears normal. Global right ventricular systolic function is normal. Normal tricuspid annular plane systolic excursion (TAPSE) >1.7 cm.

Left Atrium
Left atrial cavity size is normal. Left atrium volume index is normal.

Right Atrium
Right atrial cavity size is normal.

Imaging (continued)

IVC/SVC
The inferior vena cava demonstrates a diameter of <=21 mm and collapses >50%; therefore, the right atrial pressure is estimated at 3mmHg.

Mitral Valve
Mitral valve structure is normal. There is mild posterior mitral annular calcification. There is mild mitral valve regurgitation with a centrally directed jet.

Tricuspid Valve
The tricuspid valve structure is normal. There is trace tricuspid valve regurgitation. There is no evidence of tricuspid valve stenosis.

Aortic Valve
The aortic valve is tricuspid. There is mild sclerosis. There is no aortic valve regurgitation or stenosis.

Pulmonic Valve
Pulmonic valve structure is normal. There is no pulmonic valve regurgitation or stenosis.

Ascending Aorta
The sinus of Valsalva and ascending aorta are normal in size.

Pericardium
There is no pericardial effusion.

Study Details
A complete echo was performed using complete 2D, color flow Doppler and spectral Doppler. During the study the apical, parasternal, subcostal and suprasternal views were captured. Overall, the study was diagnostic The patient's blood pressure was 127/77.

Performing Sonographer: TH

Transthoracic echo (TTE) complete Resulted: 02/25/25 1414, Result status: In process

Ordering provider: Raikanti, Anupama T., MD 02/24/25 2252
Resulted by: Kopelnik, Alexander, MD
Performed: 02/25/25 0955 - 02/25/25 1022
Resulting lab: CPACS
Order status: Completed
Filed by: Hernandez, Teresa, RDCS 02/25/25 1414
Accession number: 23170730

Narrative:
- Normal global left ventricular systolic function, with an ejection fraction of 65 - 70%.
- Mild concentric left ventricular hypertrophy.
- Grade I left ventricular diastolic dysfunction.
- Mild mitral annular calcification.
- No previous study for comparison.

Components

Component	Value	Reference Range	Flag	Lab
BSA	2.11305432 53621039	m2	—	—
LV Diastolic Volume	95	mL	—	—
LV Systolic Volume	30	mL	—	—
EF	69	%	—	—
LVIDD	3.00	cm	—	—
LVIDS	2.05	cm	—	—
IVS	1.40	0.6 - 1.0 cm	—	—
PW	1.30	0.6 - 1.0 cm	—	—
LVOT diameter	2.24	cm	—	—
LVOT area	3.96	cm2	—	—
LV Diastolic Volume Index	44	mL/m2	—	—

02/20/2025 - ED to Hosp-Admission (Discharged) in San Leandro Hospital 3MS (continued)

Imaging (continued)

LV Systolic Volume Index	14	mL/m2	—	—
E/A ratio	0.91	—	—	—
E wave deceleration time	245.08	msec	—	—
MV Peak E Vel	0.76	m/s	—	—
MV Peak A Vel	0.84	m/s	—	—
MV e' average	0.10	m/s	—	—
E/e' ratio	7.63	—	—	—
LV Mass Index	71	g/m2	—	—
Left Ventricular EF by Teichholz Method	59.89	%	—	—
Stroke Volume	110	ml	—	—
LV mass	152	g	—	—
FS	32	>25 %	—	—
Stroke Volume Index	51	>34 ml/m2	—	—
LA size	2.44	cm	—	—
Aortic root	3.75	cm	—	—
LA volume	44	mL	—	—
LA Vol Index	21	<35 mL/m2	—	—
RVIDD	3.5	<4.2 cm	—	—
TAPSE	2.0	>1.7 cm	—	—
RA Volume Index	11	<39 ml/m2	—	—
RA area	12.1	cm2	—	—
Ao peak vel	1.44	m/s	—	—
LVOT peak vel	1.38	m/s	—	—
Ao VTI	0.28	cm	—	—
LVOT peak VTI	0.28	—	—	—
AV mean gradient	5	mmHg	—	—
AV peak gradient	8	mmHg	—	—
LVOT peak gradient	7.64	mmHg	—	—
AV area (VTI)	4.0	cm2	—	—
AV area (peak vel)	3.8	cm2	—	—
Valve area - Index	1.8	—	—	—
AV vena contracta	3.81	cm	—	—
MV mean gradient	1	mmHg	—	—
MV VTI	0.19748982860602	cm	—	—
MV valve area by PHT	3.10	cm2	—	—
MV PHT	71	ms	—	—
MR Max Vel	5.24	m/s	—	—
Mitral Valve Deceleration Time	245.07793563029	ms	—	—
Proximal ascending aorta	3.37	cm	—	—
Aortic root (sinus of Valsalva)	3.75	cm	—	—
Proximal ascending aorta Index	1.57	—	—	—
Aortic root (sinus of Valsalva) index	1.75	—	—	—
Est. RA pres	3.0	mmHg	—	—
PV mean gradient	2	mmHg	—	—
PV peak gradient	3	mmHg	—	—
Pulmonic Valve Systolic Velocity Time Integral	0.16128298853926	cm	—	—
PV PEAK VELOCITY	0.88	cm/s	—	—
RVOT peak vel	0.88	m/s	—	—
AV Comp area	3.97	—	—	—
LVOT stroke volume	65.27	—	—	—
AV Velocity Ratio	0.96	—	—	—
PV Peak S Vel	0.87945058366237	m/s	—	—
MV valve area p 1/2 method	3.10	—	—	—
TAPSE	2.0	cm	—	—
Estimated LVEF	69	50 - 75 %	—	—

02/20/2025 - ED to Hosp-Admission (Discharged) in San Leandro Hospital 3MS (continued)

Imaging (continued)

Procedures Performed	Chargeables
TRANSTHORACIC ECHO (TTE) COMPLETE [ECH111]	

Result Findings

Left Ventricle
Left ventricular cavity size appears normal. There is mild concentric left ventricular hypertrophy. Left ventricular systolic function is normal, with an ejection fraction of 65-70%. Grade I (mild) LV diastolic dysfunction.

Right Ventricle
Right ventricle cavity size appears normal. Global right ventricular systolic function is normal. Normal tricuspid annular plane systolic excursion (TAPSE) >1.7 cm.

Left Atrium
Left atrial cavity size is normal. Left atrium volume index is normal.

Right Atrium
Right atrial cavity size is normal.

IVC/SVC
The inferior vena cava demonstrates a diameter of <=21 mm and collapses >50%; therefore, the right atrial pressure is estimated at 3mmHg.

Mitral Valve
Mitral valve structure is normal. There is mild posterior mitral annular calcification. There is mild mitral valve regurgitation with a centrally directed jet.

Tricuspid Valve
The tricuspid valve structure is normal. There is trace tricuspid valve regurgitation. There is no evidence of tricuspid valve stenosis.

Aortic Valve
The aortic valve is tricuspid. The aortic valve leaflets are mildly thickened. There is no aortic valve regurgitation or stenosis.

Pulmonic Valve
Pulmonic valve structure is normal. There is no pulmonic valve regurgitation or stenosis.

Ascending Aorta
The sinus of Valsalva and ascending aorta are normal in size.

Pericardium
There is no pericardial effusion.

Study Details
A complete echo was performed using complete 2D, color flow Doppler and spectral Doppler. During the study the apical, parasternal, subcostal and suprasternal views were captured. Overall, the study was diagnostic The patient's blood pressure was 127/77.

Performing Sonographer: TH

Transthoracic echo (TTE) complete — Resulted: 02/25/25 1409, Result status: In process

Ordering provider: Raikanti, Anupama T., MD 02/24/25 2252
Resulted by: Kopelnik, Alexander, MD
Performed: 02/25/25 0955 - 02/25/25 1022
Resulting lab: CPACS

Order status: Completed
Filed by: Hernandez, Teresa, RDCS 02/25/25 0922
Accession number: 23170730

Components

Component	Value	Reference Range	Flag	Lab
BSA	2.04	m2	—	—

02/20/2025 - ED to Hosp-Admission (Discharged) in San Leandro Hospital 3MS (continued)

Imaging (continued)

Procedures Performed	Chargeables
TRANSTHORACIC ECHO (TTE) COMPLETE [ECH111]	

Signed

Electronically signed by Kopelnik, Alexander, MD on 2/25/25 at 1750 PST

Imaging

Ultrasound scrotum (Final result)

Ultrasound scrotum — Resulted: 02/21/25 1619, Result status: Final result

Ordering provider: Nenninger, Eileen, MD 02/21/25 1408
Resulted by: Mun, Sandra, MD
Performed: 02/21/25 1530 - 02/21/25 1600
Resulting lab: IMAGING
Order status: Completed
Filed by: Interface, Radiology Results In 02/21/25 1620
Accession number: 23163695

Narrative:

ULTRASOUND SCROTUM

Indication: Follow-up abscess drainage.
Comparison: CT pelvis 02/2025
Technique: Gray scale, color Doppler and/or duplex sonography

FINDINGS:

Right Testis: 4.7 x 2.3 x 3.4 cm. Normal echotexture with increased blood flow. Heterogeneous edematous enlarged epididymis with hypervascularity. Epididymal cystic lesion measuring 3.3 x 2.5 x 3.9 cm, with low-level internal echoes, possibly cyst or small abscess. Residual multilocular complicated scrotal fluid collections, largest measuring 4 x 1.5 x 3.9 cm.

Left Testis: 4.3 x 2.7 x 3.3 cm. Normal echotexture with preserved blood flow. Severely thickened and edematous epididymis with increased vascularity. Epididymal cystic lesion measuring 4.3 x 2.8 cm, with low-level internal echoes possibly abscess.

Impression:

1. Right epididymo-orchitis. Small complicated cyst or abscess in the right epididymis measuring up to 4 cm.

2. Residual multilocular right scrotal abscesses, largest pocket measuring 4 x 1.5 x 3.9 cm.

3. Left epididymitis with abscess measuring 4.3 x 2.8 cm.

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - IMG	IMAGING	Unknown	Unknown	07/16/14 1111 - Present

Ultrasound scrotum — Resulted: 02/21/25 1619, Result status: In process

Ordering provider: Nenninger, Eileen, MD 02/21/25 1408
Resulted by: Mun, Sandra, MD
Order status: Completed
Filed by: Mun, Sandra, MD 02/21/25 1619

02/20/2025 - ED to Hosp-Admission (Discharged) in San Leandro Hospital 3MS (continued)

Imaging (continued)

Performed: 02/21/25 1530 - 02/21/25 1600
Accession number: 23163695
Resulting lab: IMAGING

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - IMG	IMAGING	Unknown	Unknown	07/16/14 1111 - Present

Ultrasound scrotum
Resulted: 02/21/25 1521, Result status: In process

Ordering provider: Nenninger, Eileen, MD 02/21/25 1408
Resulted by: Mun, Sandra, MD
Performed: 02/21/25 1530 - 02/21/25 1600
Resulting lab: IMAGING
Order status: Completed
Filed by: Fu, Yan 02/21/25 1521
Accession number: 23163695

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - IMG	IMAGING	Unknown	Unknown	07/16/14 1111 - Present

Signed

Electronically signed by Mun, Sandra, MD on 2/21/25 at 1619 PST

X-ray chest 1 view (Final result)

X-ray chest 1 view
Resulted: 02/21/25 1511, Result status: Final result

Ordering provider: Nenninger, Eileen, MD 02/21/25 1403
Resulted by: Mun, Sandra, MD
Performed: 02/21/25 1459 - 02/21/25 1509
Resulting lab: IMAGING
Narrative:
Order status: Completed
Filed by: Interface, Radiology Results In 02/21/25 1512
Accession number: 23163643

Reason for exam provided: history pulm cocci and TB.
Comparison: 07/16/2024
Technique: X-RAY CHEST 1 VIEW

Impression:

Chronic linear scarring in the right lower lobe. No acute consolidation or cavitary lesions.

Cardiomediastinal silhouette is normal.

No pleural effusion or pneumothorax.

Testing Performed By

ALAMEDA HEALTH SYSTEM

Johnson, Leonard P
MRN: 5289567, DOB: 3/31/1959, Legal Sex: M
Adm: 2/20/2025, D/C: 2/26/2025

02/20/2025 - ED to Hosp-Admission (Discharged) in San Leandro Hospital 3MS (continued)

Imaging (continued)

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - IMG	IMAGING	Unknown	Unknown	07/16/14 1111 - Present

X-ray chest 1 view — Resulted: 02/21/25 1511, Result status: In process

Ordering provider: Nenninger, Eileen, MD 02/21/25 1403
Resulted by: Mun, Sandra, MD
Performed: 02/21/25 1459 - 02/21/25 1509
Resulting lab: IMAGING

Order status: Completed
Filed by: Mun, Sandra, MD 02/21/25 1511
Accession number: 23163643

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - IMG	IMAGING	Unknown	Unknown	07/16/14 1111 - Present

X-ray chest 1 view — Resulted: 02/21/25 1459, Result status: In process

Ordering provider: Nenninger, Eileen, MD 02/21/25 1403
Resulted by: Mun, Sandra, MD
Performed: 02/21/25 1459 - 02/21/25 1509
Resulting lab: IMAGING

Order status: Completed
Filed by: Arellano, Elvia 02/21/25 1459
Accession number: 23163643

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - IMG	IMAGING	Unknown	Unknown	07/16/14 1111 - Present

Signed

Electronically signed by Mun, Sandra, MD on 2/21/25 at 1511 PST

CT pelvis wo IV contrast (Final result)

CT pelvis wo IV contrast — Resulted: 02/20/25 1650, Result status: Final result

Ordering provider: Outhay, Malena, MD 02/20/25 1555
Resulted by: Roh, Albert Tae-Hun, MD
Performed: 02/20/25 1621 - 02/20/25 1624
Resulting lab: IMAGING

Order status: Completed
Filed by: Interface, Radiology Results In 02/20/25 1651
Accession number: 23161043

Narrative:
INDICATION:
scrotal abscess

TECHNIQUE:
Axial acquisition with multiplanar reformats of pelvis was performed without intravenous contrast.

CTDIvol: 12.63 mGy
DLP: 498.52 mGy-cm

COMPARISON:
None

FINDINGS:
Large multiloculated scrotal fluid collection measuring at least 9 cm.

Impression:
Large multiloculated scrotal fluid collection measuring at least 9 cm.

02/20/2025 - ED to Hosp-Admission (Discharged) in San Leandro Hospital 3MS (continued)

Imaging (continued)

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - IMG	IMAGING	Unknown	Unknown	07/16/14 1111 - Present

CT pelvis wo IV contrast — Resulted: 02/20/25 1650, Result status: In process

Ordering provider: Outhay, Malena, MD 02/20/25 1555
Resulted by: Roh, Albert Tae-Hun, MD
Performed: 02/20/25 1621 - 02/20/25 1624
Resulting lab: IMAGING

Order status: Completed
Filed by: Roh, Albert Tae-Hun, MD 02/20/25 1650
Accession number: 23161043

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - IMG	IMAGING	Unknown	Unknown	07/16/14 1111 - Present

CT pelvis wo IV contrast — Resulted: 02/20/25 1621, Result status: In process

Ordering provider: Outhay, Malena, MD 02/20/25 1555
Resulted by: Roh, Albert Tae-Hun, MD
Performed: 02/20/25 1621 - 02/20/25 1624
Resulting lab: IMAGING

Order status: Completed
Filed by: Giagou, Martin G. 02/20/25 1621
Accession number: 23161043

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
22 - IMG	IMAGING	Unknown	Unknown	07/16/14 1111 - Present

Signed

Electronically signed by Roh, Albert Tae-Hun, MD on 2/20/25 at 1650 PST

Procedures

ECG 12 lead (Final result)

Specimen Information

ID	Type	Source	Collected By
ACMC933086	—	—	02/20/25 1416

ECG 12 lead — Resulted: 02/25/25 0751, Result status: Final result

Ordering provider: Outhay, Malena, MD 02/20/25 1411
Resulted by: Gwynn, Robert E, MD
Collected by: 02/20/25 1416
Lab Technician: JASON BUAN

Order status: Completed
Filed by: Interface, Radiology Results In 02/25/25 0751
Resulting lab: ALAMEDA HEALTH SYSTEM

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Heart Rate	102	BPM	—	ALS
Atrial Heart Rate	102	BPM	—	ALS
PR Interval	164	ms	—	ALS
QRS Duration	86	ms	—	ALS
QT Interval	316	ms	—	ALS
QTc Calculation	411	ms	—	ALS
P Axis	77	degrees	—	ALS
R Axis	70	degrees	—	ALS
T Axis	76	degrees	—	ALS

ALAMEDA HEALTH SYSTEM

Johnson, Leonard P
MRN: 5289567, DOB: 3/31/1959, Legal Sex: M
Adm: 2/20/2025, D/C: 2/26/2025

02/20/2025 - ED to Hosp-Admission (Discharged) in San Leandro Hospital 3MS (continued)

Procedures (continued)

Findings	Sinus tachycardiaOtherwise normal ECGWhen compared with ECG of 30-APR-2022 05:53,Vent. rate has increased BY 39 BPMNonspecific ST and T wave abnormality resolvedConfirmed by GWYNN, ROBERT (8877) on 2/25/2025 7:51:46 AM	—	—	ALS

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
69 - ALS	ALAMEDA HEALTH SYSTEM	Alameda Health System Director	2070 Clinton Avenue Alameda CA 94501	12/12/23 0843 - Present

Resulted: 02/20/25 1421, Result status: Preliminary result

ECG 12 lead

Ordering provider: Outhay, Malena, MD 02/20/25 1411
Resulted by: Gwynn, Robert E, MD
Collected by: 02/20/25 1416
Lab Technician: JASON BUAN

Order status: Completed
Filed by: Interface, Radiology Results In 02/20/25 1421
Resulting lab: ALAMEDA HEALTH SYSTEM

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Heart Rate	102	BPM	—	ALS
Atrial Heart Rate	102	BPM	—	ALS
PR Interval	164	ms	—	ALS
QRS Duration	86	ms	—	ALS
QT Interval	316	ms	—	ALS
QTc Calculation	411	ms	—	ALS
P Axis	77	degrees	—	ALS
R Axis	70	degrees	—	ALS
T Axis	76	degrees	—	ALS
Findings	--	—	—	ALS

Result: Sinus tachycardiaOtherwise normal ECGWhen compared with ECG of 30-APR-2022 05:53,Vent. rate has increased BY 39 BPMBorderline criteria for Anterior infarct are no longer PresentST no longer depressed in Anterior leadsT wave inversion no longer evident in Inferior leadsT wave inversion no longer evident in Anterior leadsQT has shortened

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
69 - ALS	ALAMEDA HEALTH SYSTEM	Alameda Health System Director	2070 Clinton Avenue Alameda CA 94501	12/12/23 0843 - Present

02/20/2025 - ED to Hosp-Admission (Discharged) in San Leandro Hospital 3MS (continued)

Procedures (continued)

ECG 12 lead

Resulted: 02/20/25 1419, Result status: Preliminary result

Ordering provider: Outhay, Malena, MD 02/20/25 1411
Resulted by: Gwynn, Robert E, MD
Collected by: 02/20/25 1416
Lab Technician: JASON BUAN

Order status: Completed
Filed by: Interface, Radiology Results In 02/20/25 1419
Resulting lab: ALAMEDA HEALTH SYSTEM

Components

Component	Value	Reference Range	Flag	Lab
Ventricular Heart Rate	102	BPM	—	ALS
Atrial Heart Rate	102	BPM	—	ALS
PR Interval	164	ms	—	ALS
QRS Duration	86	ms	—	ALS
QT Interval	316	ms	—	ALS
QTc Calculation	411	ms	—	ALS
P Axis	77	degrees	—	ALS
R Axis	70	degrees	—	ALS
T Axis	76	degrees	—	ALS
Findings	--	—	—	ALS

Result: Sinus tachycardiaOtherwise normal ECGWhen compared with ECG of 30-APR-2022 05:53,Vent. rate has increased BY 39 BPMBorderline criteria for Anterior infarct are no longer PresentST no longer depressed in Anterior leadsT wave inversion no longer evident in Inferior leadsT wave inversion no longer evident in Anterior leadsQT has shortened

Testing Performed By

Lab - Abbreviation	Name	Director	Address	Valid Date Range
69 - ALS	ALAMEDA HEALTH SYSTEM	Alameda Health System Director	2070 Clinton Avenue Alameda CA 94501	12/12/23 0843 - Present

Signed

Electronically signed by Gwynn, Robert E, MD on 2/25/25 at 0751 PST

*Incision and Drainage (Final result)

***Incision and Drainage**

Resulted: 02/20/25 1407, Result status: Final result

Ordering provider: Outhay, Malena, MD 02/20/25 1825
Filed by: Outhay, Malena, MD 02/20/25 1847
Narrative:
Outhay, Malena, MD 2/20/2025 6:47 PM
*Incision and Drainage

Order status: Completed

Performed by: Outhay, Malena, MD
Authorized by: Outhay, Malena, MD
Consent:
Consent obtained: Verbal
Consent given by: Patient
Risks discussed: Bleeding, incomplete drainage, pain, infection and damage to other organs
Alternatives discussed: No treatment and alternative treatment
Universal protocol:
Patient identity confirmed: Verbally with patient
Location:
Type: Abscess
Pre-procedure details:
Skin preparation: Chloraprep
Anesthesia:
Anesthesia method: Local infiltration
Local anesthetic: Lidocaine 1% w/o epi and lidocaine 1% WITH epi

02/20/2025 - ED to Hosp-Admission (Discharged) in San Leandro Hospital 3MS (continued)

Procedures (continued)

Procedure type:
Complexity: Complex
Procedure details:
Needle aspiration: no
Incision depth: Dermal
Wound management: Probed and deloculated and extensive cleaning
Drainage: Purulent
Drainage amount: Copious
Wound treatment: Wound left open
Packing materials: None
Post-procedure details:
Procedure completion: Tolerated well, no immediate complications
Comments:
60ml of thick yellow pus drained

Procedures Performed	Chargeables
HC I&D ABSC; COMPL OR MULTI [51010061101] PR INCISION & DRAINAGE ABSCESS COMPLICATED/MULTIPLE [10061]	

Medication List

Medication List

This report is for documentation purposes only. The patient should not follow medication instructions within. For accurate instructions regarding medications, the patient should instead consult their physician or after visit summary.

Prior To Admission

moxifloxacin (VIGAMOX) 0.5 % ophthalmic solution

Instructions: Administer 1 drop into the left eye 4 (four) times a day.
Authorized by: Blaauw, Erica P, NP — Ordered on: 7/17/2024
Start date: 7/17/2024 — Quantity: 3 mL
Refill: No refills remaining

glucose blood test strip

Instructions: Use to test blood sugar 1 (one) time each day.
Authorized by: Blaauw, Erica P, NP — Ordered on: 7/17/2024
Start date: 7/17/2024 — Quantity: 100 each
Refill: 12 refills by 7/17/2025

Discharge Medication List

moxifloxacin (VIGAMOX) 0.5 % ophthalmic solution

Instructions: Administer 1 drop into the left eye 4 (four) times a day.
Authorized by: Blaauw, Erica P, NP — Ordered on: 7/17/2024
Start date: 7/17/2024 — Quantity: 3 mL
Refill: No refills remaining

glucose blood test strip

Instructions: Use to test blood sugar 1 (one) time each day.
Authorized by: Blaauw, Erica P, NP — Ordered on: 7/17/2024
Start date: 7/17/2024 — Quantity: 100 each
Refill: 12 refills by 7/17/2025

aspirin 81 mg chewable tablet

Discontinued by: Raikanti, Anupama T., MD — Discontinued on: 3/19/2025
Instructions: Chew and swallow 1 tablet (81 mg total) 1 (one) time each day for 29 doses.
Authorized by: Raikanti, Anupama T., MD — Ordered on: 2/26/2025
Start date: 2/27/2025 — End date: 3/19/2025

Medication List (continued)

Quantity: 29 tablet
Refill: No refills remaining

fluconazole (DIFLUCAN) 200 mg tablet

Instructions: Take 2 tablets (400 mg total) by mouth 1 (one) time each day.
Authorized by: Raikanti, Anupama T., MD
Start date: 2/27/2025
Quantity: 60 tablet
Ordered on: 2/26/2025
End date: 3/29/2025
Refill: No refills remaining

glucose (GLUCOMETER) monitoring kit

Instructions: Use to test blood sugar 3 (three) times a day. ICD 10 code E 11
Authorized by: Raikanti, Anupama T., MD
Start date: 2/26/2025
Refill: No refills remaining
Ordered on: 2/26/2025
Quantity: 1 each

glucose blood test strip

Instructions: Use to test blood sugar 3 (three) times a day. ICD 10 code E 11
Authorized by: Raikanti, Anupama T., MD
Start date: 2/26/2025
Refill: 11 refills by 2/26/2026
Ordered on: 2/26/2025
Quantity: 100 each

lancets 30 gauge misc

Instructions: Use to test blood sugar 3 (three) times a day. ICD 10 code E 11
Authorized by: Raikanti, Anupama T., MD
Start date: 2/26/2025
Refill: 11 refills by 2/26/2026
Ordered on: 2/26/2025
Quantity: 100 each

alcohol swabs pads, medicated

Instructions: Apply 1 Swab topically twice a day.
Authorized by: Raikanti, Anupama T., MD
Start date: 2/26/2025
Refill: 11 refills by 2/26/2026
Ordered on: 2/26/2025
Quantity: 100 each

pen needle, diabetic 32 gauge x 5/32" needle

Instructions: Inject 1 Pen needle under the skin 4 (four) times a day.
Authorized by: Raikanti, Anupama T., MD
Start date: 2/26/2025
Refill: 11 refills by 2/26/2026
Ordered on: 2/26/2025
Quantity: 100 each

Sharps Container

Instructions: Use as directed to dispose of sharps.
Authorized by: Raikanti, Anupama T., MD
Start date: 2/26/2025
Quantity: 1 each
Ordered on: 2/26/2025
End date: 2/26/2026
Refill: No refills remaining

insulin glargine 100 unit/mL (3 mL) injection

Instructions: Inject 20 Units under the skin 2 (two) times a day.
Authorized by: Raikanti, Anupama T., MD
Start date: 2/26/2025
Refill: No refills remaining
Ordered on: 2/26/2025
Quantity: 15 mL

insulin lispro (HumaLOG) 100 unit/mL injection

Instructions: Inject 2-8 Units under the skin 4 (four) times a day (with meals and nightly). Lispro 2-8 units, insulin sliding scale, 4 times a day with meals and at bedtime; 140-200 Take 2 units 201-300 Take 4 units 301-400 Take 6 units More than 400 Take 8 units If blood glucose more than 400 keep checking your blood glucose every 3 hours and cover according to sliding scale until it is less than 300 then go back to your usual sliding scale Call your primary care physician immediately or come to the emergency room if your blood glucose is more than 350
Authorized by: Raikanti, Anupama T., MD
Start date: 2/26/2025
Refill: No refills remaining
Ordered on: 2/26/2025
Quantity: 15 mL

02/20/2025 - ED to Hosp-Admission (Discharged) in San Leandro Hospital 3MS (continued)

Medication List (continued)

insulin lispro (HumaLOG) 100 unit/mL injection

Instructions: Inject 6 Units under the skin 3 (three) times a day with meals.
Authorized by: Raikanti, Anupama T., MD
Start date: 2/26/2025
Refill: No refills remaining
Ordered on: 2/26/2025
Quantity: 15 mL

sulfamethoxazole-trimethoprim (BACTRIM DS) 800-160 mg per tablet

Instructions: Take 1 tablet by mouth every 12 (twelve) hours for 8 doses.
Authorized by: Raikanti, Anupama T., MD
Start date: 2/26/2025
Quantity: 8 tablet
Ordered on: 2/26/2025
End date: 3/2/2025
Refill: No refills remaining

HYDROcodone-acetaminophen (NORCO) 5-325 mg

Instructions: Take 1 tablet by mouth every 8 (eight) hours if needed for moderate pain or severe pain.
Authorized by: Raikanti, Anupama T., MD
Start date: 2/26/2025
Refill: No refills remaining
Ordered on: 2/26/2025
Quantity: 10 tablet

naloxone (NARCAN) 4 mg/0.1 mL nasal spray

Instructions: Administer 1 spray into one nostril See administration instructions. May repeat every 2-3 minutes, alternating nostrils. CALL 911. For questions with how to stay healthy while taking opioids, call or text 510-545-2765.
Authorized by: Raikanti, Anupama T., MD
Start date: 2/26/2025
Quantity: 1 each
Ordered on: 2/26/2025
End date: 3/28/2025
Refill: 1 refill by 2/26/2026

Stopped in Visit

None